

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> KONA ICE (MOBILE)	<b>Telephone Number</b> Est 859-240-3072 Own 859-240-3072	<b>Date of Inspection</b> 05/04/2021	<b>ID#</b>
<b>Address</b> 1511 CLIFFWOOD DR, CLARKSVILLE IN 47129			
<b>Owner</b> TREVOR BURTRAW	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 05/14/2021
<b>Owner's Address</b> 1511 CLIFTWOOD DR CLARKSVILLE, IN 47129-		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Person in Charge</b> MICHAEL ROGERS			
<b>Responsible Person's Email</b> WHITNY.KONAICE@GMAIL.COM			
<b>Certified Food Handler</b>			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed a leak or spill of red syrup in cabinet. Clean and repair if necessary.	by next event

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CHIEF FOOD SPECIALIST

Received by (signature):

Inspected by (signature):

*Thomas Snider*

cc:

cc:

cc: